



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

DISCOUNT MEDICAL PLAN ORGANIZATIONS

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5246

S.C. Code Ann. § 37-17-10 et seq.
www.sccconsumer.gov
(803) 734-4200

Street Address
3600 Forest Drive
Columbia, SC 29204-4006

MARKETER COMPANY LIST

(Please type or print in black ink)

If filling in the form electronically, copy and paste the table as many times as needed onto subsequent pages. If filling in by hand, make as many copies of the second page as needed. This information may also be provided in a report that you generate, provided that all of the information requested in the table below is included.

Name of DMPO					Date				
Marketer Company					Uses Only DMPO Approved Materials? (Y or N)				
Contact Person									
Mailing Address									
City				State			Zip		
Telephone Number				Fax Number					
Number of Representatives				Date Relationship Initiated					
Company Website				Customer Info Website					

Marketer Company					Uses Only DMPO Approved Materials? (Y or N)				
Contact Person									
Mailing Address									
City				State			Zip		
Telephone Number				Fax Number					
Number of Representatives				Date Relationship Initiated					
Company Website				Customer Info Website					

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AFFIDAVIT OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested registration certificate. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:
